

## ITINERANT VENDOR PERMIT

Date Received: \_\_\_\_\_

"itinerant Vendor" shall mean any person(s) or business entity establishing a place of business in the City of Bryan on a temporary basis. Examples include (without limitation): all roadside sales locations located in or on rights-of-way; outdoor sales booths; setups; tailgate sales; truckload sales and tent sales; all door-to-door sales locations, all sales from moving vehicles; auctions, either private or public; all indoor sales of a temporary nature not conducted in a retail establishment.

Applicant's Name:		Driver License #	!:
Residence Address:			
Telephone #:	City	State Date of Birth:	ZIP Code
	ons Name (if different from applicant):		
Residence Address:			
	CityMessage Phone #:	State Fax Phone a	ZIP Code ¥:
Employees/Agents:			
1) Name:		Driver Licer	nse #:
Residence Address:			
Telephone #:	City	State Date of Birth:	ZIP Code
2) Name:			
Residence Address:			
Telephone #:	City	State Date of Birth:	ZIP Code
3) Name:			
Residence Address:			
Telephone #:	City	State Date of Birth:	ZIP Code
Residence Address:			
	City	State Date of Birth:	ZIP Code
5) Name:			se #:
Residence Address:			•
Telephone #:	City	State _ Date of Birth:	ZIP Code

## Details of business (All spaces must be completely filled out) Type of business: Describe the kind, amount and character of goods or services to be sold: Legal Name of Business Entity: Permanent Business Address: City State ZIP Code State of Incorporation / Filing of Partnership / Articles of Incorporation / Assumed Name: \_\_\_\_\_ \*Attach a copy of Charter of Articles of Incorporation and current listing of Directors, Partners, and Principals (any company listed on the American or New York Stock Exchange is exempt from this requirement) Sales Tax Number from State of Texas Comptroller's Office: \*Attach a copy of Sales Tax permit (not required for solicitor or handbill distributor) Proposed location (address) of operation: \*Attach a copy of written permission to locate in a proposed area, if private property. (door-to-door is exempt \*Attach description and diagram of the location including parking availability, street access, location and amount of space to be utilized and sign to be displayed. Hours of operation: Number of workers (best estimate) - Per Day:\_\_\_\_\_\_ Total: \_\_\_\_\_ Total: Description of vehicle(s) for moving vendor: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Make:\_\_\_\_\_\_ Model:\_\_\_\_\_

If this is a food operation, please fill out the bottom portion. Otherwise, go to next page. 

N/A

Location of commissary/servicing area:

As required by Texas Food Establishment Rules, any mobile food establishment or transportation vehicle shall require an operating base location which the vehicle returns to for discharging liquid or solid wastes, refilling

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Liquid waste disposal method:

(You may need to purchase a \$55 temporary food permit for food & soft drinks from the Brazos County Health Dept. @ 361-4450). (\*\*NOTE: If you provide alcoholic beverages, you will need to contact TABC @ 260-8222.)

.*	If this is a solicitation of handbill distribution, state the purpose:
•	Attach statement under oath that applicant has read and is familiar with Article 5069-13, Texas Home Solicitatio
	Where applicant seeks license covering all employees/agents, attach statement under oath that applican recognizes each individual as an employee/agent and accepts responsibility for the acts of its employees/agents.
NA	Attach Bond in sum of not less than \$250 executed by the itinerant vendor, solicitor or handbill distributor with two or
•	Attach the nonrefundable application fee in the amount of \$ individual engaged in sales activities who will have public contact.\(\\$25\) application fee + \$3 for each
	I certify that the information is true and correct to the best of my knowledge and agree to furnish all information that might be required by the City during the review process in order that a complete evaluation can be made of this
	As permit applicant, I hereby understand and accept all conditions (both regular and special) imposed by the issuance of this permit.
	Signature and Title of Representative
	Date

## STATE OF TEXAS

## COUNTY OF BRAZOS

I, the undersigned, being first duly sworn, do hereby state as Follows:

I have read and am familiar with Article 5069-13, V.A.C.S, Texas Home Solicitation Act.

	Applicant
Subscribed and sworn to before me this	day of,, 20
	Notary Public, State of Texas Printed Name:
	My commission expires:
STATE OF TEXAS	
COUNTY OF BRAZOS	
I, the undersigned, being first duly sworn, Follows:	do hereby state as
I am seeking a license covering all employ and licensed under this license as an emp contractor. I accept the responsibilities im employees/ agents.	/ees/agents. I recognize each individual listed loyee/agent, and <u>NOT</u> as an independent posed by State law for the acts of these
Subscribed and sworn to before me this	Applicant, 20
	Notary Public, State of Texas Printed Name:
	My commission expires: